

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|----------|
| | | | |
| FEES DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | CC | JCL114 | 9-20-01 |
| RESPONSE FORMALITY REVIEW | MO | JCL115 | 10/22/01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 -+ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date | |
|-------|----------|---|
| Final | Original | |
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| Claim | Date | |
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| Final | Original | |
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| Claim | Date | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

10/22/01
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